

or's Signal.

See signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: January 22, 2011

tor's Signals

C. Deleme
Identify the employee has performed the work

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: January 22, 2011

Employee Name:		Sunday 01/16/11	Monday 01/17/11	Tuesday 01/18/11	Wednesday 01/19/11	Thursday 01/20/11	Friday 01/21/11	Saturday 01/22/11
Lisa	Day: In - Out			16.45 2.45		16.45 2.45		
100 <i>Lisa</i> Employee Signature	Lunch: Out - In					12.00 12.30		
	Outside Duty: From - To			Lawrence 11.35				
	ent exceptions or comments, indicate type and t		HLN 7.5		Lawrence District		Personal 7.5hr	
Michael	Day: In - Out			8.40 9.10 8.05 7.35 8.15 7.45 7.25 5.25		7.10 3.10		
100 <i>Michael</i> Employee Signature	Lunch: Out - In			1.55 2.25 12.55 1.25	1.40 2.10	1.30 2.00	1.230 1.00	
	Outside Duty: From - To							
	ent exceptions or comments, indicate type and t		HLN 7.5	OT 2.5	OT 4.15	OT 3.5	OT 2.0	OT 7.5
a, Nicole	Day: In - Out							
100 <i>Nicole</i> Employee Signature	Lunch: Out - In							
	Outside Duty: From - To							
	ent exceptions or comments, indicate type and t		MUN 7.5	MUN 7.5	MUN 7.5	MUN 7.5	MUN 7.5	
Elisabeth	Day: In - Out			8.00 2.00 7.45 4.15 7.45 11.45 8.05 2.15				
100 <i>Elisabeth</i> Employee Signature	Lunch: Out - In			11.30 12.00 11.20 12.00			11.30 12.00	
	Outside Duty: From - To							
	ent exceptions or comments, indicate type and t		HLN 7.5 VAC 1.5	5PF 1.0	OT 1.0	Per 2.5		

Manager's Signature:

C. Salemi

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048 - Boston Drug Lab

Week Ending: January 22, 2011

Employee Name:		Sunday 01/16/11	Monday 01/17/11	Tuesday 01/18/11	Wednesday 01/19/11	Thursday 01/20/11	Friday 01/21/11	Saturday 01/22/11
S. Gloria	Day: In - Out							
000. <i>AS</i>	Lunch: Out - In							
Employee Signature	Outside Duty: From - To							
Absent exceptions or comments, indicate type and it.			HLN 7.5 ✓	CMT 7.5 ✓	PER 7.5 ✓	CMT 7.5 ✓	CMT 7.5 ✓	
Peter	Day: In - Out			6:45 7:00	7:05 7:05	6:45 6:45	6:45 6:45	6:45 2:45
000. <i>AS</i>	Lunch: Out - In			12 12:30	12 12:30	12 12:30	12 12:30	12 12:30
Employee Signature	Outside Duty: From - To							
Absent exceptions or comments, indicate type and it.			HLN 7.5 ✓	OT 4.25 hr ✓	OT 4.0 hr ✓	OT 4.0 ✓	OT 4.0 ✓	OT 7.5 ✓
D. Kowski, Daniel	Day: In - Out			6:45 1:45	6:45 2:45	6:45 2:45		
000. <i>AS</i>	Lunch: Out - In			12:00 12:30	12:00 12:30	12:00 12:30		
Employee Signature	Outside Duty: From - To							
Absent exceptions or comments, indicate type and it.			HLN 7.5 ✓	10 hr comp'd ✓			VAC 7.5 ✓	
Sue, Shirley	Day: In - Out				9:05 12:35	9:05 5:05	12:30 5:00	
000. <i>AS</i>	Lunch: Out - In					1:00 1:30		
Employee Signature	Outside Duty: From - To							
Absent exceptions or comments, indicate type and it.			HLN 7.5 ✓	CIH 7.5 ✓	4:00 SIC ✓ 3:00 APP			

ctor's Signature:

C. Salerni

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: January 22, 2011

Employee Name:		Sunday 01/16/11	Monday 01/17/11	Tuesday 01/18/11	Wednesday 01/19/11	Thursday 01/20/11	Friday 01/21/11	Saturday 01/22/11
Zhi	Day: In - Out							
000	Lunch: Out - In							
Employee Signature: <i>PLS</i>	Outside Duty: From - To							
ent exceptions or comments, indicate type and t.			HLN 7.5 ✓	CH 7.5 ✓	PER 7.5 ✓	PER 7.5 ✓	PER 7.5 ✓	
Mai	Day: In - Out							
000	Lunch: Out - In							
Employee Signature: <i>PLS</i>	Outside Duty: From - To							
ent exceptions or comments, indicate type and t.			HLN 3.8 ✓ VAC 2.2 ✓	SICK ✓	SICK 6.0 ✓	3.75 ✓ VAC ✓		
Janice	Day: In - Out			85¢	35¢	85¢	4-825	335 85¢ 4-
000	Lunch: Out - In			1-13¢	1-13¢			1-13¢
Employee Signature: <i>Ranilli</i>	Outside Duty: From - To							
ent exceptions or comments, indicate type and t.			HLN 7.5 ✓	1¢ PERS ✓		.50 PERS ✓		
Folk	Day: In - Out							
OIG	Lunch: Out - In							
PRR	Outside Duty: From - To							
Employee Signature:	ent exceptions or comments, indicate type and t.							

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: January 18 -> January 21, 2011

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 4516-1000

Approval:

Supervisor: _____ Date: _____

Department Head: Julie Ward Date: 1/20/11

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Annie Rockham	275153	4.0 hrs			
Daniela Frese	241373	9.0 hrs			
Michael Lamber	120459	12.5 hrs			
Pete Piro	138624	16.25 hrs			

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: January 29, 2011

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 4516-1000

Approval:

Supervisor: _____ Date: _____

Department Head: John Ward Date: 1/20/11

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lankie	120459	7.5 hrs			
Peter Piro	138694	7.5 hrs			